

## UNITED STATES DISTRICT COURT

for the

Jessica McKenna

Plaintiff/Petitioner

v.

Nascentia Health Options, Dentaquest, LLC

Defendant/Respondent

Civil Action No. 1:23-cv-1546 (AMN/CFH)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Long Form)

## Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:



## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

12/10/2023

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child support	\$ 0	\$ N/A	\$ 0	\$ N/A

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 838.00	\$ N/A	\$ 838.00	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 104.00	\$ N/A	\$ 104.00	\$ N/A
Other (specify):	\$	\$ N/A	\$	\$
<b>Total monthly income:</b>	<b>\$ 942.<sup>00</sup> <del>0.00</del></b>	<b>\$ 0.00</b>	<b>\$ 942.<sup>00</sup> <del>0.00</del></b>	<b>\$ 0.00</b>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
	N/A		\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
	N/A		\$
			\$
			\$

4. How much cash do you and your spouse have? \$ ~~822.04~~ 100.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
ADIRONDACK TRUST	CHECKING	\$ 322.04	\$ 0
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ 0
Other real estate (Value)	\$ 0
Motor vehicle #1 (Value)	\$ 0
Make and year:	0
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$ 0
Make and year:	0
Model:	
Registration #:	
Other assets (Value)	\$ 0
Other assets (Value)	\$ 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
NONE		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 350.00	\$ 0
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$ 221.98	\$ 0
Home maintenance <i>(repairs and upkeep)</i>	\$ 0	\$ 0
Food	\$ 200.00	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0
Transportation <i>(not including motor vehicle payments)</i>	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$ 0	\$ 0
Life:	\$ 0	\$ 0
Health:	\$ 15.50	\$ 3.50
Motor vehicle:	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$ 0	\$ 0
Installment payments		
Motor vehicle:	\$ 0	\$ 0
Credit card <i>(name):</i> CHASE DENTAL ANESTHESIA & (ORAL SURGERY)	\$ 600.00	\$ 0
Department store <i>(name):</i>	\$ 0	\$ 0
Other: CARE CREDIT DENTAL ANESTHESIA & (ORAL SURGERY)	\$ 160.00	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify):	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	<b>\$ 1547.48 <del>0.00</del></b>	<b>\$ 1547.48 <del>0.00</del></b>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I HAVE COMPLEX MEDICAL & DENTAL EXPENSES.

12. Identify the city and state of your legal residence.

MIDDLE GROVE, NY 12850

Your daytime phone number: 518-573-7269

Your age: 37 Your years of schooling: 12

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